

FILED JUL 18 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5422 24096

STATE FILE NUMBER

Registration District No. 114

Primary Registration District No. 486

Registrar's 33

1. PLACE OF DEATH a. COUNTY FRANKLIN				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY FRANKLIN			
b. CITY (If outside corporate limits, give TOWNSHIP only) MERAMEC		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN SULLIVAN		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) R.R. I - SULLIVAN		Length of stay in lb 16 YRS.		d. STREET ADDRESS (If outside, give location) R.R. I		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First ELLENORA Middle MITCHELL Last MITCHELL				4. DATE OF DEATH Month JULY Day 13 Year 1957			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH OCTOBER 13 1889	9. AGE (In years last birthday) 67	10. IF UNDER 1 YEAR Months 2 Days 0 Hours 0 Min. 0		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) MACOMB, ILL.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME PETER CARPENTIER				14. MOTHER'S MAIDEN NAME ORA STILES			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NO NE		17. INFORMANT Address ROBERT T. MITCHELL, SULLIVAN, MO.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): Carcinoma of tongue Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a): Chronic arthritides (Scurvy)						INTERVAL BETWEEN ONSET AND DEATH 11 yrs.	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>					
20b. TIME OF INJURY Hour _____ a. m. _____ p. m.		20c. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 2/14/47 , to 7/13/57 and last saw her alive on 7/10/57 Death occurred at 9:15 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) John J. de la Torre				22b. ADDRESS D. Sullivan, Mo.		22c. DATE SIGNED 7/15/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE JULY 15, 1957		23c. NAME OF CEMETERY OR CREMATORY I.O.O.F. MEMORIAL CEM.		23d. LOCATION (City, town, or county) (State) SULLIVAN MO.	
24. FUNERAL DIRECTOR Wheaton Sullivan, Mo.		ADDRESS		25. DATE RECD. BY LOCAL REG. 7-15-57		26. REGISTRAR'S SIGNATURE Thomas G. Humphrey	

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

00
56th,
affair
blic
vice

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Harrison M. Eaton, Student Embalmer No. working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Harrison M. Eaton

Licensed Embalmer No. 41

P. O. Address Sullivan

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.